

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/593317

FILING DATE
9/19/04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4	①					
5	②			1		
6	③			1		
7				1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	11	←		←	
TOTAL CLAIMS		12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	11	←		←	←
TOTAL CLAIMS		12				